



Emergency Contact

Child's Name _____ Date of Birth ____/____/____
Street Address _____ City _____ State _____ Zip _____

Legal Guardian #1 _____ Home phone _____
Street Address _____ City _____ State _____ Zip _____
Employer Name _____ Business Phone _____
Street Address _____ City _____ State _____ Zip _____

Legal Guardian #2 _____ Home phone _____
Street Address _____ City _____ State _____ Zip _____
Employer Name _____ Business Phone _____
Street Address _____ City _____ State _____ Zip _____

Emergency Contact Persons

Name _____ Phone _____ Name _____ Phone _____
Name _____ Phone _____ Name _____ Phone _____

Person(s) to whom child may be released (Full address and phone number required by the State)

1. Name _____ Phone _____
Street Address _____ City _____ State _____ Zip _____
2. Name _____ Phone _____
Street Address _____ City _____ State _____ Zip _____
3. Name _____ Phone _____
Street Address _____ City _____ State _____ Zip _____
4. Name _____ Phone _____
Street Address _____ City _____ State _____ Zip _____
5. Name _____ Phone _____
Street Address _____ City _____ State _____ Zip _____
6. Name _____ Phone _____
Street Address _____ City _____ State _____ Zip _____

Person(s) to whom the Child CANNOT be released to under any circumstance.

Please note: If there are any custody issues involved with your child, you must provide the Youth Development Director with full court papers indicating who has permission to pick up the child. The program may not deny a parent access to his/her child without proper documentation.

Name _____ Name _____

Child's Physician/Medical Provider _____ Phone _____
Address _____
Special Disabilities _____
Medical or Dietary Information Necessary in Emergency Situation _____
Medication/Special Conditions _____
Health Insurance Coverage for Child or Medical Assistance Benefits _____ Policy # _____

(See reverse)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE
ADMIN. OF MINOR FIRST AID PROCEDURES
WALKS & TRIPS
SWIMMING
TRANSPORTATION BY THE FACILITY
WADING

Parent Signature _____
Parent Signature _____
Parent Signature _____
Parent Signature _____
Parent Signature _____
Parent Signature _____

Allergy Information

Specific Type of Allergy

- ☐ Milk/Dairy
- ☐ Eggs
- ☐ Tree nut

- ☐ Wheat/Gluten
- ☐ Berries
- ☐ Peanut

- ☐ Medication
- ☐ Bees/Insects
- ☐ Other

Type of Reactions my child experiences when having an allergic reaction: _____

Procedures to follow if my child comes in contact with the specified allergen: _____

Physician/Allergist _____

Phone _____

Parent/Guardian Signature _____

Date _____

Sunscreen Permission (Genesis Learning Center ONLY)

Choose one:

☐ I give permission for the staff of the Genesis Learning Center to apply sunscreen provided by the Genesis Learning Center (SPF 50 or higher) to my child after quiet rest time, prior to outdoor play.

☐ I give permission for the staff of the Genesis Learning Center to apply sunscreen provided by me to my child after quiet rest time, prior to outdoor play. I understand this sunscreen must be kept by the teacher in a location out of reach of children and that the sunscreen I provide will only be used for my child.

☐ I do not give permission for the staff of the Genesis Learning Center to apply sunscreen to my child after quiet rest time, prior to outdoor play. I am aware that this will not keep my child from being taken outside during afternoon play.

Photograph Consent

Choose one:

☐ I give permission for my child _____ to be in photographs, slides, DVD's, and/or videotapes for the promotion of the Waynesboro Area YMCA.

☐ I do not give permission.

Hand Sanitizer

Choose one:

☐ I hereby give permission to the Waynesboro Area YMCA staff to provide hand sanitizer (not to replace handwashing) to my child as needed.

☐ I do not give my permission.

Please complete all information on this form. Incomplete registration forms cannot be accepted. According to the minimum standards put forth by the Department of Human Services, we are unable to care for your child until all required paperwork is submitted.

6 month Review initial: _____ date: _____

6 month Review initial: _____ date: _____

6 month Review initial: _____ date: _____

6 month Review initial: _____ date: _____